

GJP  
**UNITED STATES DISTRICT COURT  
 EASTERN DISTRICT OF PENNSYLVANIA**

Ishmael A Burk Jr

(In the space above enter the full name(s) of the plaintiff(s).)

**19 5792**

- against -

Joan Crowe

Dr Cassidy

Lillian Budd

John Doe

Paul Igona

John Doe

**COMPLAINT**

under the  
 Civil Rights Act, 42 U.S.C. § 1983  
 (Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No  
 (check one)

**FILED**

DEC - 9 2019

KATE BARKMAN, Clerk  
 By \_\_\_\_\_ Dep. Clerk

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

**I. Parties in this complaint:**

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Ishmael Burk

ID # NH0208

Current Institution Sci Smithfield

Address 1120 Pike Street PO Box 999  
Huntingdon PA 16652

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 : Name Lillian Bodd Shield # NA  
Where Currently Employed Bucks count correctional facility  
Address NA

Defendant No. 2 : Name Dr Cassidy Shield # NA  
Where Currently Employed Bucks county correctional facility  
Address NA

Defendant No. 3 : Name Paul Igana Shield # NA  
Where Currently Employed Bucks county correctional facility  
Address NA

Defendant No. 4 : Name Joan Crowe Shield # NA  
Where Currently Employed Bucks county correctional facility  
Address \_\_\_\_\_

Defendant No. 5 : Name Tom Doe Shield # NA  
Where Currently Employed Bucks county correctional facility  
Address NA

II. Statement of Claim:

~~See~~ See Attachment

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? Bucks county correctional facility

B. Where in the institution did the events giving rise to your claim(s) occur? RHJ-MHU

C. What date and approximate time did the events giving rise to your claim(s) occur? January 2018 February 2018 March 2018

What  
happened  
to you?

D.

Facts:

see attachment

Who  
did  
what?

see attachment

Was  
anyone  
else  
involved?

see Attachment

Who else  
saw what  
happened?

see Attachment

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

My right Arm Broken cuff  
And my foot still is not recovered with my  
big toe

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

the events arose in Bays County Correctional Facility

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☐ Do Not Know ☒

If YES, which claim(s)? \_\_\_\_\_

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

I filed it in MTH

1. Which claim(s) in this complaint did you grieve? I wrote to them about my medication and what was happening in MTH

2. What was the result, if any? NONE

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. I Appealed to the highest level spoke to Ms Bodd on several occasions about my medication

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: \_\_\_\_\_

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2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: \_\_\_\_\_

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G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. \_\_\_\_\_

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Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I Am seeking \$ 80,000

for Pain & suffering for my injuries

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Yes      No ✓

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

On  
other  
claims

C. Have you filed other lawsuits in state or federal court?

Yes ☒ No ☐

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff

Ishmael Bork

Defendants

Bucks County Correctional Facility

2. Court (if federal court, name the district; if state court, name the county) Eastern District

3. Docket or Index number

18-4702

4. Name of Judge assigned to your case

MS Hey

5. Approximate date of filing lawsuit

11-2018

6. Is the case still pending? Yes ☒ No ☐

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) still pending

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 4 day of December, 2019.

Signature of Plaintiff

I Bork

Inmate Number

NH0208

Institution Address

sci Smith Field

1120 Pike Street

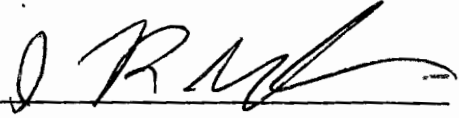
PO Box 999

Huntingdon PA 16652



Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 4 day of December, 2019, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: 



Defendant NO 6 - John Doe  
Bucks County Correctional facility  
NA

D) What happen - I was in MTHU from Jan 2018 - March 2018, I was moved there after i was sentenced. Dr Cassidy switched my medication i was taking Lexi Pro & she switched it to Zyprexa. While i was taking Zyprexa I threw up all the time and it made my depression intolerable i wrote to Dr Cassidy, MS Budd, MS Crowe and Mr Iyana telling all what was happening and then i put a grievance in and nothing happened and that happen in January of 2018 by the end of the month i wrote to Dr Cassidy telling her that my medication was switched and that i would not be taking it anymore because my depression was worse and i needed to be put back on Lexi Pro. So when i refused to take the medication 2 guards (John Doe) would put me in a restraints and force me to take my medication & if i continue to not accept my meds the 2 guards (John Doe) would turn my water off in my cell the water in my cell was turned off for 20 days, and if i refused my meds again they would not feed me (The 2 guards) (John Doe) would skip my deer. When Chow came ~~around~~ around that was breakfast, lunch & dinner. When this happen i wrote to the following individuals (Joan Crowe, Dr Cassidy, MS Budd & Mr Iyana) But i never heard back from either of the individuals. I wrote to Dr Cassidy several times

about my medication. I also wrote to Ms Crowe asking her if i can be seen because i fell off of my bed & i told her (wrote to her) that after i took my ~~meds~~ medication i fell off of my bed and that my right arm was hurting But i was refused medical by them and my arm currtly still horts When i wake up <sup>in the</sup> ~~the~~ mornings i have major discomfort When i move it. I was put in MTHU/RTHU With no hearing at all and no type of explanation Mr Iyana, & Ms Budd would make rounds to RTHU/MTHU and i would have direct contact with them & Ask them why i was not on a regular block But they would never Answer me or tell me why. I Was in cell 4 in MTHU and my cell smelled like Pee and i was forced to stay in the cell for 3 months without it being cleaned by any of the guards and i caught an infection on my leg and was bleeding with scabs marks, When the guards would come & get me to speak to my attorney i would Ask them if i can go to medical. They would deny my request. January 2018, February 2018 & March 2018 i was denied phone calls to my family When i was in MTHU Through green Slips to CMS Budd & Paul Iyana and i havent received a answer back from either party

d. Shmuel 